

Requesting Prior Authorization

To obtain prior authorization (PA) for personal care services and disposable medical supplies (DMS), providers are required to submit certain documents that accurately and completely demonstrate the need for the service.

To obtain prior authorization (PA) for personal care services and disposable medical supplies (DMS), providers are required to submit certain documents that accurately and completely demonstrate the need for the service. If the documentation contains errors or is incomplete, approval of the PA will be delayed while the request is returned to the provider to supply the required information.

Prior Authorization for Personal Care Services

Required Prior Authorization Forms

Providers are required to submit the following PA documents to Wisconsin Medicaid:

The Wisconsin Medicaid Home Care Assessment Form or Update Form

- All new PA requests must be accompanied by the Wisconsin Medicaid Home Care Assessment Form. Refer to Appendix 1 of this section for instructions on how to complete the Wisconsin Medicaid Home Care Assessment Form and Appendix 2 for a Wisconsin Medicaid Home Care Assessment Form which may be photocopied.
- All PA renewals or amendments are required to have either a new Wisconsin Medicaid Home Care Assessment Form or a Wisconsin Medicaid Home Care Assessment Update Form. Refer to Appendix 3 for a Wisconsin Medicaid Home Care Assessment Update Form, which may be photocopied.

The Physician's Orders

- Providers are required to send copies of written physician's orders with all PA requests. However, providers have the option of using either a written physician prescription or the HCFA 485 Plan of Care (POC) and HCFA 487 forms for

physician's orders. Orders presented on the HCFA 485/487 may help you submit a more complete PA request and decrease the number of PAs returned for incomplete information. The HCFA 486 contains data which is often essential for determining the medical necessity of care ordered in the HCFA 485. Refer to Appendix 4 for instructions on completing HCFA forms 485, 487, and 486. Refer to appendices 5 through 7 for the HCFA 485, 486, and 487 forms, which may be photocopied.

- The PA request may be sent to Wisconsin Medicaid before obtaining the physician's signature on the physician's orders. However, providers are required to:
 - ✓ Clearly indicate the attending physician's name and address on the orders accompanying the PA request.
 - ✓ Obtain dated and signed physician orders within 20 days of the issuance of the order and keep on file in the recipient's medical record.
 - ✓ Obtain physician's orders for ongoing cases before the previous orders expire. Services provided without properly documented orders are subject to recoupment.

Licensed home health agencies should refer to the Additional Requirements for Wisconsin Licensed/Medicare-Certified Home Health Agencies portion of the General Information section of this handbook.

Example of the physician orders: The staffing schedule on the Home Care Assessment Form shows a personal care worker (PCW) is needed two hours a day Monday through Friday. Orders should state: "PCW for bathing, grooming, and dressing – two hours per day, five days per week," (written as 2h/d x 5d/w).

Prior Authorization Request Form

- Providers are required to submit a Prior Authorization Request Form (PA/RF) for services requiring PA. Refer to Appendix 8 for instructions on how to complete a PA/RF.
- Only one PA/RF is approved per recipient, per provider for a specific time period. Providers are required to request all prior authorized personal care services for a recipient on one PA/RF.
- The PA/RF should indicate the number of hours per week multiplied by the number of weeks requested (e.g., written as 10hr/wk x 52wk). This allows some flexibility in the schedule of service and reduces the need for PA amendments. For examples of PA/RF forms, refer to Appendix 9 (requesting DMS), Appendix 10 (requesting PRN hours), Appendix 11 (requesting personal care and home health services), Appendix 12 (requesting personal care-only services for a shared case), and Appendix 13 (requesting personal care-only services by one provider).

Examples of flexibility follow:

- √ Although physician orders may be needed for additional hours on Monday, a PA amendment is not required because the weekly total will not be exceeded due to additional hours the family is able to provide on Saturday.
- √ Housekeeping activities could be completed in one visit, if the recipient agrees, instead of being spread out over the week. However, limitations, as described in the Covered Services section, apply.
- The total hours requested on the PA/RF is required to match the number of hours on the physician's orders or the POC.
- Providers are required to submit the *original* PA/RF. Facsimiles will not be accepted. Each PA/RF must have the unique, preprinted seven-digit PA number that appears in red at the top of the

original PA/RF. The number identifies the service on the billing claim form as a service that has been prior authorized and must be used for claim submission on all claims.

- Dually certified agencies are required to request personal care, home health aide, and part-time, intermittent skilled nursing services on one PA/RF. Refer to Appendix 11 for an example of a PA/RF for requesting personal care and home health services. Home health agencies can also refer to the Home Health Handbook for more information.

Obtaining Prior Authorization Forms

The PA/RF, Wisconsin Medicaid Home Care Assessment Form, and Wisconsin Medicaid Home Care Assessment Update Form can be obtained by writing to the following address:

Medicaid Form Reorder Department
6406 Bridge Road
Madison, WI 53784-0003

Use the following guidelines when obtaining forms:

- Please specify the form requested and the number of forms needed.
- Save reorder forms, which are included in the mailing request with each request form for future use.
- Do not request forms by telephone.

The Wisconsin Medicaid Home Care Assessment Form and its Update Form are also located in appendices 2 and 3 and may be photocopied.

HCFA 485, 486, and 487 forms may be obtained by:

- Photocopying or printing your own supply of the forms. Reproducible forms are available in appendices 5, 6, and 7.
- Purchasing the forms from a supplier of federal forms.
- Contacting the Medicare fiscal intermediary if you are a Medicare-certified

Providers are required to submit the *original* PA/RF. Facsimiles will not be accepted.

provider. Refer to Appendix 4 for instructions on how to complete all three HCFA forms.

Submitting Prior Authorization Requests

Providers are required to send completed PA request forms to:

EDS
Prior Authorization Unit
6406 Bridge Road, Suite 88
Madison, WI 53784-0088

Providers should submit PA requests no earlier than 62 days prior to the requested grant date to decrease the likelihood that the recipient might not require the service by the time the grant date is reached. Refer to Appendix 14 for a checklist to ensure that you have the correct documentation with your PA request. Questions on PA requests that have already been submitted should be directed to Provider Services at (800) 947-9627 or (608) 221-9883.

Prior Authorization for Disposable Medical Supplies

Required Prior Authorization Forms

To obtain PA for DMS, personal care providers are required to submit the following completed documentation to Wisconsin Medicaid:

- A physician's prescription dated within six months of receipt by Wisconsin Medicaid, including specific information on frequency of use and expected duration of use.
- A completed Prior Authorization Request Form (PA/RF). Refer to Appendix 8 for instructions on how to complete the PA/RF for DMS and Appendix 9 for an example of a PA/RF for DMS.
- A Prior Authorization Durable Medical Equipment Attachment (PA/DMEA) form. This is the form used by personal care providers when requesting DMS. Refer to Appendix 15 for instructions on how to complete the PA/DMEA form and

Appendix 16 for a PA/DMEA form which can be photocopied.

Obtaining Prior Authorization Forms

The PA/RF and PA/DMEA forms can be obtained by writing to the following address:

Medicaid Form Reorder Department
6406 Bridge Road
Madison, WI 53784-0003

Use the following guidelines when obtaining forms:

- Please specify the form requested and the number of forms needed.
- Save reorder forms, which are included in the mailing request with each request form for future use.
- Do not request forms by telephone.

Submitting Prior Authorization Requests

Providers are required to send completed PA request forms to:

EDS
Prior Authorization Unit
6406 Bridge Road, Suite 88
Madison, WI 53784-0088

Questions on PA requests that have already been submitted should be directed to Provider Services at (800) 947-9627 or (608) 221-9883.

Providers should submit PA requests no earlier than 62 days prior to the requested grant date to decrease the likelihood that the recipient might not require the service by the time the grant date is reached.